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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonapplications under 37 C.F.R. §1.53(b))

Attorney Docket No.

**PC26122A**

First Inventor

**Walter C. Babcock**

Title

Compositions of Cholesteryl Ester Transfer Protein Inhibitors and HMG-CoA Reductase Inhibitors

Express Mail Label No.

17497 U.S.P.T.O.  
10/678145**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:  
**Mail Stop Patent Application  
Commissioner for Patents  
Box 1450  
Alexandria, VA 22313-1450**

- |     |   |     |  |
|-----|---|-----|--|
| 1.  | <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original, and a duplicate for fee processing)</i>   | 7.  | <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)   |
| 2.  | <input type="checkbox"/> Applicant claims small entity status<br>See 37 CFR 1.27  | 8.  | Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i>  |
| 3.  | <input checked="" type="checkbox"/> Specification [Total Pages <b>162</b> ]<br><i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> | 1   | a. <input type="checkbox"/> Computer Readable Copy (CRF)<br>b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies)</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> c. <input type="checkbox"/> Statement verifying identity of above copies |
| 4.  | <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets <b>1</b> ]  | 9.  | <input type="checkbox"/> Assignment Papers (cover sheet & document(s))   |
| 5.  | <input type="checkbox"/> Oath or Declaration [Total pages <b>1</b> ]  | 10. | <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><i>(when there is an assignee)</i>   |
|     | a. <input type="checkbox"/> Newly executed (original or copy)   | 11. | <input type="checkbox"/> English Translation Document <i>(if applicable)</i>   |
|     | b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))<br><i>(for continuation/divisional with Box 18 completed)</i>   | 12. | <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations  |
|     | i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).   | 13. | <input type="checkbox"/> Preliminary Amendment   |
| 6.. | <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   | 14. | <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>   |
| 17. | <input type="checkbox"/> Other:   |     |  |

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number	<b>28523</b>	<input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

<b>NAME (Print/type)</b>	Lisa A. Samuels	<b>Registration No. (Attorney/Agent)</b>	43,080
<b>Signature</b>		<b>Date</b>	10/13/03

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small status. See 37 CFR 1.27**Total Amount of Payment** (\$1,384.00)**METHOD OF PAYMENT** (check all that apply)
 Check  Credit Card  Money  Other  None Order
 Deposit Account:Deposit Account Number  
Deposit Account Name

16-1445

Pfizer Inc

**The Director is authorized to:** (check all that apply)

- 
- Charge fee(s) indicated below
- 
- Credit any overpayments
- 
- 
- Charge any additional fee(s) during the pendency of this application
- 
- 
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEES CALCULATION****1. BASIC FILING FEE****Large Entity** **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	770
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	filing fee	

**Subtotal (1)**

\$ 770

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	Extra Claims	Fee from below	Fee Paid
Total Claims	38 - 20 =	18 x 18 =	324
Independent Claims	1 - 3 =	0 x 89 =	0
Multiple Dependent		290 =	290

**Large Entity** **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue independent claims over original patent

**SUBTOTAL (2)** (\$ 614)**Complete if Known**

<b>Application Number</b>	To be assigned
<b>Filing Date</b>	Herewith
<b>First Named Inventor</b>	Walter C. Babcock
<b>Examiner Name</b>	To be assigned
<b>Art Unit</b>	To be assigned
<b>Attorney Docket No.</b>	PC26122A

**FEE CALCULATION (continued)**

<b>3. ADDITIONAL FEES</b>				<b>Fee Description</b>	<b>Fee Paid</b>
<b>Large Entity</b>	<b>Small Entity</b>	<b>Fee Code</b>	<b>Fee (\$)</b>	<b>Fee Code</b>	<b>Fee (\$)</b>
		1051	130	2051	65
		1052	50	2052	25
		1053	130	1053	130
		1812	2,520	1812	2,520
		1804	920*	1804	920*
		1805	1,840*	1805	1,840*
		1251	110	2251	55
		1252	410	2252	205
		1253	930	2253	465
		1254	1,450	2254	725
		1255	1,970	2255	985
		1401	320	2401	160
		1402	320	2402	160
		1403	280	2403	140
		1451	1,510	1451	1,510
		1452	110	2452	55
		1453	1,300	2453	650
		1501	1,300	2501	650
		1502	470	2502	235
		1503	630	2503	315
		1460	130	1460	130
		1807	50	1807	50
		1806	180	1806	180
		8021	40	8021	40
		1809	750	2809	375
		1810	750	2810	375
		1801	750	2810	375
		1802	900	1802	900
		1802	900	1802	900
				Other Fee (specify)	

\*Reduced by Basic Filing Fee Paid

**Subtotal (3)**

(\$ 0.00)

**SUBMITTED BY**

(Complete if applicable)

Name (Printed/Type)	Lisa A. Samuels	Registration No. (Attorney Agent)	43,080	Telephone	860-686-0349
Signature	Lisa A. Samuels			Date	16/3/03

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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